

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 OCT 24 PM 12:38
DELAWARE COUNTY
BOARD OF ELECTIONS

Full Name of Committee Citizens for Dorrian Committee						Registration Number, if PAC					
Full Name of Candidate Hugh J. Dorrian											
Street Address 425 Derrer Rd						Office Sought City Auditor			District		
City Columbus						State O H		Zip Code 43204			
Type of Report (Check X in the field of report type)	Pre-Primary		Post-Primary		X	Pre-General		Post-General		Annual Year	
	July		August			September				Semiannual	
	Monthly		Monthly			Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M 1 1		D 0 8	
								Y 0 5			

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 27,757.09
2. Voluntary contributions (from Form No. 1-A)	\$ 14,380.00
3. Total other income (from Form No. 1-A & 2)	\$ 12.00
4. Total funds available (sum of lines 1, 2 & 3)	\$ 42,149.09
5. Voluntary expenditures (from Form No. 1-B)	\$ 12,590.76
6. Balance of funds available (line 4 minus line 5)	\$ 29,558.33
7. Value of unpaid contributions received from Form No. 1-A & 2	\$ 385.00
8. Value of unpaid contributions made (from Form No. 1-B)	\$
9. Outstanding loans made by committee (from Form No. 1-A & 2)	\$
10. Outstanding loans made by committee (from Form No. 1-B)	\$
11. Value of independent expenditures made (from Form No. 1-B)	\$
12. Total electronic filing fee (from Form No. 1-B)	\$
Sum of lines 2, 3 and 4 minus sum of lines 5, 6, 7, 8, 9, 10, 11 and 12	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Robert L. McDanel / Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Robert L. McDanel

10/21/05

Date

Contribution
pages **21**

Expenditure
pages **5**

Other
pages **18**

Total
pages **44**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee									
Full Name of Contributor Thomas M. Isaacs						Registration Number, if PAC			
Street Address 1197 Three Forks Dr. S			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) Check		
City Westerville	State O	H	Zip Code 43081	M 0	D 6	Y 1	Amount 100.00		
Full Name of Contributor Michael S. Brown						Registration Number, if PAC			
Street Address 1142 Pennsylvania Ave.			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43201	M 0	D 6	Y 1	Amount 100.00		
Full Name of Contributor Joseph Palazzo						Registration Number, if PAC			
Street Address 3140 W. Mound St.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43204	M 0	D 6	Y 2	Amount 25.00		
Full Name of Contributor Paula L. Brooks						Registration Number, if PAC			
Street Address 4585 Benderton Ct.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43220	M 0	D 6	Y 2	Amount 50.00		
Full Name of Contributor Margaret R. Will						Registration Number, if PAC			
Street Address 3440 Olentangy River Rd.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43202	M 0	D 8	Y 1	Amount 25.00		
Full Name of Contributor UFCW Local 1059, Active Ballot Club						Registration Number, if PAC PAC # LA437			
Street Address 4150 E. Main St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43213	M 0	D 8	Y 2	Amount 250.00		
Full Name of Contributor Patricia S. Albert						Registration Number, if PAC			
Street Address 1007 Birchmont Rd.			Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43220	M 0	D 9	Y 0	Amount 75.00		
Full Name of Contributor James J. Ryan, Jr.						Registration Number, if PAC			
Street Address 4333 Sharon Ave.			Employer/Occupation/Labor Organization* Restaurant Owner				Form (Cash, Check, etc.) Check		
City Columbus	State O	H	Zip Code 43214	M 0	D 9	Y 2	Amount 250.00		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Carpenters Local Union # 200 PCE					Registration Number, if PAC ENTITY # 10288		
Street Address 1545 Alum Creek Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 0 9	D 2 6	Y 0 5	Amount 500.00	
Full Name of Contributor Edward P. Ferris					Registration Number, if PAC		
Street Address 1959 Collingswood Dr.		Employer/Occupation/Labor Organization* E.P. Ferris& Assoc.				Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43221	M 0 9	D 2 6	Y 0 5	Amount 200.00	
Full Name of Contributor John F. Harmon					Registration Number, if PAC		
Street Address 3440 Olentangy River Rd. Apt. 2A		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43202	M 0 9	D 2 6	Y 0 5	Amount 100.00	
Full Name of Contributor Robert W. McLaughlin					Registration Number, if PAC		
Street Address 105 W. Plum St.		Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) Check	
City Westerville	State O H	Zip Code 43081	M 0 9	D 2 7	Y 0 5	Amount 100.00	
Full Name of Contributor Ohio & Vicinity Regional Council, South Central Office					Registration Number, if PAC PAC # LA416		
Street Address 1394 Courtright Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43227	M 0 9	D 2 7	Y 0 5	Amount 500.00	
Full Name of Contributor John F. Finn					Registration Number, if PAC		
Street Address 3641 Interchange Rd.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0 9	D 2 8	Y 0 5	Amount 50.00	
Full Name of Contributor Stephen P. Grassbaugh					Registration Number, if PAC		
Street Address 175 S Third St		Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 9	D 3 0	Y 0 5	Amount 100.00	
Full Name of Contributor Mary S. Duffey					Registration Number, if PAC		
Street Address 4740 Hayden Run Rd.		Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43221	M 0 9	D 3 0	Y 0 5	Amount 100.00	

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Page Total \$ 1,650.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Dennis G. Schwallie					Registration Number, if PAC		
Street Address 8955 Easton Dr.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 3 0	Y 0 5	Amount 100.00	
Full Name of Contributor Contributions from form31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0 8	2 6	0 5	1,880.00	
Full Name of Contributor John C. Rosenberger					Registration Number, if PAC		
Street Address 804 City Park Ave.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 8	D 0 8	Y 0 5	Amount 250.00	
Full Name of Contributor Frank J. Cipriano					Registration Number, if PAC		
Street Address 39 E. Whittier St.		Employer/Occupation/Labor Organization* Land Network			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 9	D 0 9	Y 0 5	Amount 1,000.00	
Full Name of Contributor David C. Hetzler					Registration Number, if PAC		
Street Address 1645 Ridgway Pl.		Employer/Occupation/Labor Organization* DLZ			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 9	D 0 9	Y 0 5	Amount 100.00	
Full Name of Contributor Donald W. Kelley					Registration Number, if PAC		
Street Address 878 Fairway Blvd.		Employer/Occupation/Labor Organization* Developer			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 9	D 1 0	Y 0 5	Amount 500.00	
Full Name of Contributor Edward V. Walsh					Registration Number, if PAC		
Street Address 2316 Severhill Dr.		Employer/Occupation/Labor Organization* Clark Schaeffer Hackett & Co.			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 9	D 1 1	Y 0 5	Amount 100.00	
Full Name of Contributor Robert H. Jeffrey					Registration Number, if PAC		
Street Address 296 Ashbourne Pl.		Employer/Occupation/Labor Organization* Jeffrey Co.			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 9	D 1 2	Y 0 5	Amount 100.00	

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Page Total \$ 4,030.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor United Assoc. of Journeymen & Apprentices					Registration Number, if PAC PAC # LA1212		
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 9	D 1 2	Y 0 5	Amount 250.00	
Full Name of Contributor Donald B. Shackelford					Registration Number, if PAC		
Street Address 21 E. State St.		Employer/Occupation/Labor Organization* Fifth Third Bank			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 3	Y 0 5	Amount 200.00	
Full Name of Contributor Shoemaker, Howarth & Taylor, LLP					Registration Number, if PAC		
Street Address 471 E. Broad St, Suite 2001		Employer/Occupation/Labor Organization* Attorneys			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 4	Y 0 5	Amount 100.00	
Full Name of Contributor Gregory Comfort					Registration Number, if PAC		
Street Address 2275 Onandaga Dr.		Employer/Occupation/Labor Organization* EMH & T			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 4	Y 0 5	Amount 100.00	
Full Name of Contributor Thomas L. Kaplin					Registration Number, if PAC		
Street Address 207 E. Deshler Ave.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 9	D 1 4	Y 0 5	Amount 200.00	
Full Name of Contributor Robert Lazarus, Jr.					Registration Number, if PAC		
Street Address 2094 Pack Hill Dr		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 9	D 1 5	Y 0 5	Amount 200.00	
Full Name of Contributor Teamsters Local Union No. 413					Registration Number, if PAC LA766		
Street Address 555 E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 5	Y 0 5	Amount 150.00	
Full Name of Contributor Richard C. Pfeiffer, Jr.					Registration Number, if PAC		
Street Address 238 E. Royal Forest Blvd.		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 5	Y 0 5	Amount 100.00	

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Page Total \$ 1,300.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee							
Full Name of Contributor Columbus/Central Ohio Building & Construction Trades Council					Registration Number, if PAC PAC # LA1214		
Street Address 555 E. Rich St. #217		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 6	Y 0 5	Amount 250.00	
Full Name of Contributor Ty D. Marsh					Registration Number, if PAC		
Street Address 57 Riverview Park Dr.		Employer/Occupation/Labor Organization* Chamber of Commerce			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 9	D 1 7	Y 0 5	Amount 100.00	
Full Name of Contributor Ronald W. Eifert					Registration Number, if PAC		
Street Address 7052 Lansdowne St.		Employer/Occupation/Labor Organization* Engineer			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 9	D 1 8	Y 0 5	Amount 100.00	
Full Name of Contributor Nationwide Better Citizenship Fd OH259					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 9	Y 0 5	Amount 500.00	
Full Name of Contributor Vorys Sater Seymour and Pease LLP					Registration Number, if PAC		
Street Address 52 E. Gay St., P.O. Box 1008		Employer/Occupation/Labor Organization* Attorneys			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 0	Y 0 5	Amount 1,000.00	
Full Name of Contributor Ben Groves					Registration Number, if PAC		
Street Address 10455 Grant Ln. NW		Employer/Occupation/Labor Organization* Service Supply			Form (Cash, Check, etc.) Check		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 2 1	Y 0 5	Amount 200.00	
Full Name of Contributor Dale E. Balser					Registration Number, if PAC		
Street Address 4438 Mobile Dr. Apt. 104		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 9	D 2 3	Y 0 5	Amount 100.00	
Full Name of Contributor Fraternal Order of Police					Registration Number, if PAC		
Street Address 520 S. High St., Suite 205		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 6	Y 0 5	Amount 500.00	

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Page Total \$ 2,750.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee							
Full Name of Contributor E.B. Sisson					Registration Number, if PAC		
Street Address 1000 Urlin Ave. Apt A16		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 9	D 1 9	Y 0 5	Amount 100.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 1 0	D 0 9	Y 0 5	Amount 3,675.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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Page Total \$ 3,775.00

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee									
Full Name The Ohio State University						Registration Number, if PAC			
Address 901 Woody Hayes Dr.			Type* R E					M D Y 0 6 3 0 0 5	Amount 12.00
City Columbus			State O H		Zip Code 43210		Form(Cash,Check,etc) Check		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC			
Address			Type*					M D Y	Amount
City			State		Zip Code		Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

31-B				
R.C. 3517.10				
Statement of Expenditures				
CITIZENS FOR DORRIAN COMMITTEE				
Prescribed by Secretary of State 8/95				
DATE	TO WHOM PAID	ITEM OR PURPOSE	check	AMOUNT
	Name and Address		#	
06/08/05	Shamrock Club 60 W Castle Rd., Columbus, Ohio 43204	Sponser/ Advertising	2144	100.00
06/08/05	Nana's Night Light P.O.Box 2303 Westerville, Ohio 43086	Support	2145	100.00
06/13/05	CME Visa P.O.Box 267121, Columbus, Ohio 43226	Business Lunches	2146	40.36
06/13/05	Ancient Order of Hibernians P.O. Box 1953, Columbus, Oh 43216	Advertising	2147	100.00
06/15/05	John E Jones 528 Clark State RD., Gahanna, Oh 43230	Advertising	2148	35.00
06/15/05	National Multiple Sclerosis Society 842 Angus Ct., Worthington, Ohio 43085	Sponser	2149	100.00
06/17/05	Mental Memorial 653 Crescent Rd, Columbus, Oh 43204	Sponser	2150	150.00
06/21/05	Agonis Club P.O. Box 14020, Columbus, Oh 43214	Advertising	2151	75.00
06/21/05	Northland community Fourth of July Parade P.O. Box 297836 Columbus, Oh 43229	Advertising	2152	100.00
06/22/05	Florentine Restaurant 907 W Broad St., Columbus, Oh 43222	Campaign Kickoff Luncheon	2153	230.46
06/27/05	Part 2 Screen Prntg & Design 935 King Ave., Columbus, Oh 43212	Printed Tee's	2154	612.75
**	Check Outstanding	Total this page		1,643.57
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31-B				
R.C. 3517.10				
Statement of Expenditures CITIZENS FOR DORRIAN COMMITTEE Prescribed by Secretary of State 8/95				
DATE	TO WHOM PAID Name and Address	ITEM OR PURPOSE	check #	AMOUNT
06/27/05	Postmaster	Stamps	2155	74.00
06/29/05	Megan Kilgore 685 Kerr St., Columbus, Oh 43215	Candy/parade	2156	121.05
07/11/05	Connells Maple Lee P.O. Box 330, Lebanon, PA 17042	Flowers	2157	54.45
07/13/05	National Ovarian Cancer Coalition, Inc. 2329 Windsor Chase, Columbus, OH 43235	Contribution	2158	50.00
07/13/05	Robert McDaniel 425 Derrer Rd, Columbus, OH 43204	Copies/parade supplies	2159	15.36
07/14/05	St. Timothy Men's Club 1088 Thomas Ln, Columbus, OH 43220	Contribution	2160	100.00
08/03/05	South High Boys Basketball 1160 Ann St, Columbus, OH 43206	Advertising	2161	45.00
08/05/05	J W Cleary Promotional Products 1511 Northwest Blvd, Columbus, OH 43212	Yard Signs	2162	787.50
08/10/05	Yaeger Graphics 935 W. Third Ave. Columbus, OH 43212	Football Cards	2163	439.00
08/11/05	Tina Defluiter 5865 Haddler Rd., Dubin, Oh 43016	Memorial Supplies	2164	21.33
08/15/05	CME Visa P.O.Box 267121, Columbus, Ohio 43226	Campaign Door Prizes	2165	74.38
**	Check Outstanding	Total this page		1,782.07
		Page	10	

31-B				
R.C. 3517.10				
Statement of Expenditures				
CITIZENS FOR DORRIAN COMMITTEE				
Prescribed by Secretary of State 8/95				
DATE	TO WHOM PAID	ITEM OR PURPOSE	check	AMOUNT
	Name and Address		#	
08/19/05	Weisenbach Specialty Printing 437 Holtzman Ave, Columbus, OH 43205	Stationary	2166	239.06
08/19/05	Franklin County Democratic Party 271 E. State St, Columbus, OH 43215	Judicial Fundraiser	2167	100.00
08/31/05	Franklin County Democratic Party 271 E. State St, Columbus, OH 43215	2005 Ballot Breakfast	2168	100.00
09/01/05	Postmaster	Stamps	2169	148.00
09/02/05	Agonis Club P.O. Box 14020, Columbus, Oh 43214	Luncheon	2170	30.00
09/09/05	St. Charles Preparatory School 2010 E. Broad St, Columbus, OH 43209	Luncheon	2171	225.00
09/13/05	CME Visa P. O. Box 267121, Columbus, OH 43226	Business Luncheons	2172	128.61
09/19/05	St. Stephen's Community House 1500 E. 17th Ave, Columbus, OH 43219	Parade	2173	100.00
09/28/05	St. Anthony Church 1300 Urban Dr, Columbus, OH 43229	Advertising	2174	100.00
09/28/05	Communicator News 90 W. Campus View Blvd, Columbus, OH 43235	Advertising	2175	412.50
09/30/05	Franklin County Democratic Party 271 East State St, Columbus, OH 43215	Annual Ballot	2176	1,000.00
**	Check Outstanding	Total this page		2,583.17
		Page	11	

31-B

R.C. 3517.10

Statement of Expenditures
CITIZENS FOR DORRIAN COMMITTEE

Prescribed by Secretary of State 8/95

DATE	TO WHOM PAID Name and Address	ITEM OR PURPOSE	check #	AMOUNT	
10/04/05	Megan Kilgore 685 Kerr St, Columbus, OH 43215	Candy	2177	70.72	**
10/04/05	Buckeye Printing & Mailing Services, Inc. 217 N. Grant Ave, Columbus, OH 43215	Absentee Mailings	2178	1,593.00	**
10/05/05	Westside Messenger 3378 Sullivant Ave, Columbus, OH 43204	Advertising	2179	266.40	**
10/07/05	Lantz Printing Company, Inc. 257 Cleveland Ave, Columbus, OH 43215	Election Cards	2180	723.77	**
10/07/05	Weisenbach Specialty Printing, Inc. 437 Holtzman Ave, Columbus, OH 43205	Art Work	2181	40.00	**
10/07/05	Lower London Street Dixieland Band	Fund Raiser	2182	-	**
10/09/05	Holiday Inn on the Lane	Fund Raiser	2183	-	**
10/11/05	Columbus Post 172 E. State St, Columbus, OH 43215	Advertising	2184	383.85	**
10/11/05	Surburban News Publication 5257 Sinclair Rd, Columbus, OH 43229	Advertising	2185	325.00	**
10/13/05	CME Visa P. O. Box 267121, Columbus, OH 43226	Business Luncheon	2186	36.42	**
**	Check Outstanding	Total this page		3,439.16	
		Page	12		

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor William P. Demora				Registration Number, if PAC	
Street Address 100 Warren St.		Employer/Occupation/Labor Organization* N/A		M D Y 0 6 2 9 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Eleanor Fox					
Street Address 245 E. Dominion Blvd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 1 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Catherine E. Kramer					
Street Address 4064 W. National Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 3 0 5	Amount 15.00
City Springfield		State O H	Zip Code 45504	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Pulsinelli					
Street Address 2681 Shewsbury		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 3 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Nora P. Dorrian					
Street Address 523 S. 5th St.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas W. Slemmer					
Street Address 2440 Buckley Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 1 4 0 5	Amount 25.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Van J. Ambrose					
Street Address 416 Olympia Fields Ct.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 2 0 5	Amount 25.00
City Gahanna		State O H	Zip Code 43230	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,880.00

Total expenditures this event

Page Total \$ 190.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor Virginia C. Price				Registration Number, if PAC	
Street Address 420a Alexandra Colony, E.		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code 43215	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Helen M. Vanhedye					
Street Address 775 E. Johnstown Rd. Unit 112		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Gahanna		State O	Zip Code 43230	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Esther Jo Stein					
Street Address 5785 Bastille Pl.		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code 43213	Y 2	Amount 50.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Martha Sullivan					
Street Address 2873 Ashby Rd.		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code 43209	Y 2	Amount 50.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor John E. Dorrian					
Street Address 175 Delhi Ct. Apt. D		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Columbus		State O	Zip Code 43202	Y 0	Amount 50.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor E. A. Cuticchia					
Street Address 645 Neil Ave. Apt 823		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code 43215	Y 0	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Anna Marie Robinson					
Street Address 2825 Neil Ave. Apt. 718		Employer/Occupation/Labor Organization* N/A		M 0	D 8
City Columbus		State O	Zip Code 43202	Y 2	Amount 25.00
				Form(Cash,Check,etc) Check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
Citizens For Dorrian Committee					
Full Name of Contributor				Registration Number, if PAC	
Andrea Kulesza Graves					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2103 Tamarin Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O H	43235	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Virginia S. Van Camp					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
2647 Schaaf Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O H	43209	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Joan M. Ensign					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3600 Reed Rd. No. 4	N/A		0	8	1
City	State	Zip Code	Amount		
Columbus	O H	43220	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Emily J. Gerwig					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1264 Woodbrook Cr. W.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O H	43223	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Joseph D. Gibboney					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
110 Ironclad Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O H	43213	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
James L. Moses					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
144 E. Columbus St.	N/A		0	8	2
City	State	Zip Code	Amount		
Canal Winchester	O H	43110	25.00		
Form(Cash,Check,etc)					
Check					
Full Name of Contributor					
Mary B. Crawford					
Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
816 Plumtree Dr.	N/A		0	8	2
City	State	Zip Code	Amount		
Columbus	O H	43235	25.00		
Form(Cash,Check,etc)					
Check					

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Total contributions this event

Total expenditures this event

Page Total \$ 175.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor Martha A. Armstrong				Registration Number, if PAC	
Street Address 338 Fallis Rd.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Patricia A. Durbin				Registration Number, if PAC	
Street Address 2736 Castlewood Rd.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor James E. Kraus				Registration Number, if PAC	
Street Address 105 Beaufort Ln. Apt A	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Catherine H. Stoffel				Registration Number, if PAC	
Street Address 858 S. Brinker Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Betty M. Binder				Registration Number, if PAC	
Street Address 3527 Prestwick Ct. South	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Patricia Gibboney				Registration Number, if PAC	
Street Address 110 Ironclad Dr.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Ellen C. Scherer				Registration Number, if PAC	
Street Address 112 E. New England Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2005
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 25.00

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 165.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee						
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC			
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization* Mun. Court Judge		M 0	D 8	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Bernard J. McClory			Registration Number, if PAC			
Street Address 1288 S. Fourth St.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 35.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor James P. Hanley			Registration Number, if PAC			
Street Address 2492 Timberside Dr.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 35.00
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Margaret M. Lombardo			Registration Number, if PAC			
Street Address 1025 Birchmont Rd.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 30.00
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Raymond R. Thomas, Jr.			Registration Number, if PAC			
Street Address 671 S. 3rd St.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 50.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Lawrence J. Corcoran			Registration Number, if PAC			
Street Address 204 S. 5th St.	Employer/Occupation/Labor Organization* Priest		M 0	D 8	Y 2	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William L. White			Registration Number, if PAC			
Street Address 113 Bellefield Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 1	Amount 50.00
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check			

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Total contributions this event

Total expenditures this event

Page Total \$ 400.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor Delores Harrison				Registration Number, if PAC	
Street Address 300 Overstreet Way, Apt 301		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 50.00
City Colimbus		State O H	Zip Code 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor John T. Dittoe				Registration Number, if PAC	
Street Address 2675 Trottersway Dr.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor James M. Mentel				Registration Number, if PAC	
Street Address 653 Crescent Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Martin F. Russell				Registration Number, if PAC	
Street Address 884 Macon Alley		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Margory G. (Marge) Fadley				Registration Number, if PAC	
Street Address 298 Topsfield Rd.		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 2 6 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Catherine E. Faherty				Registration Number, if PAC	
Street Address 6135 Cedar Ln. N. W.		Employer/Occupation/Labor Organization* Nurse		M D Y 0 8 2 6 0 5	Amount 100.00
City Canton		State O H	Zip Code 44708	Form(Cash,Check,etc) Check	
Full Name of Contributor James T. Foley				Registration Number, if PAC	
Street Address 5253 E. Broad St. Apt 116		Employer/Occupation/Labor Organization* N/A		M D Y 0 8 1 7 0 5	Amount 50.00
City Columbus		State O H	Zip Code 43213	Form(Cash,Check,etc) Check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 500.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee						
Full Name of Contributor Helen McDaniel			Registration Number, if PAC			
Street Address 419 Derrer Rd.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard J. Ryan			Registration Number, if PAC			
Street Address 1452 Ironwood Dr.	Employer/Occupation/Labor Organization* N/A		M 0	D 8	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) Check			
Full Name of Contributor David Robinson			Registration Number, if PAC			
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 200.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee						
Full Name of Contributor Halima Carter			Registration Number, if PAC			
Street Address P.O. Box 248422	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 4	Amount 25.00
City Columbus	State OH	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor George L. Jenkins			Registration Number, if PAC			
Street Address 5980 Whittingham Dr.	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 1	Amount 250.00
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Cullen Daniel, III C.P.A.			Registration Number, if PAC			
Street Address 2686 Halleck Dr.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 6	Amount 50.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor James A. Bowman			Registration Number, if PAC			
Street Address 4573 Hayden Run Rd.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 9	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert W. Crosby, Jr			Registration Number, if PAC			
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 9	Amount 25.00
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check			
Full Name of Contributor Julia L. Dorrian			Registration Number, if PAC			
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization* Mun Court Judge		M 1	D 0	Y 9	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor James E. Underwood			Registration Number, if PAC			
Street Address 4140 Stargrass Ct.	Employer/Occupation/Labor Organization* Consultant		M 1	D 0	Y 8	Amount 300.00
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,675.00

Total expenditures this event

3,142.29

Page Total \$ 800.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor Ramona F. Pieplow				Registration Number, if PAC	
Street Address 357 Betz Rd. N.W.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 0
City Lancaster	State O	Zip Code 43130	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Emma Petrosky				Registration Number, if PAC	
Street Address 92 N. James Rd.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Donald T. Plank				Registration Number, if PAC	
Street Address 685 City Park Ave.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor James M. Mentel				Registration Number, if PAC	
Street Address 653 Crescent Rd	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas M. Isaacs				Registration Number, if PAC	
Street Address 1197 Three Forks Dr. S.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 0
City Westerville	State O	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael E. Sexton				Registration Number, if PAC	
Street Address 9 Buttles Ave. Apt. 414	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 0
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas J. Ayers				Registration Number, if PAC	
Street Address 488 Clark State Rd.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 0
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00

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Total contributions this event

Total expenditures this event

Page Total \$ 650.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee						
Full Name of Contributor Jeffrey W. Clouse				Registration Number, if PAC		
Street Address 8522 Payson Dr.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 2	Amount 25.00
City Lewis Center	State O	Zip Code 43035	Form(Cash,Check,etc) Check			
Full Name of Contributor Debra K. McKinney				Registration Number, if PAC		
Street Address 11922 Elder Ln.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 1	Amount 20.00
City Canal Winchester	State O	Zip Code 43110	Form(Cash,Check,etc) Check			
Full Name of Contributor Helen McDaniel				Registration Number, if PAC		
Street Address 419 Derrer Rd.	Employer/Occupation/Labor Organization* N/A		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Kimber Perfect				Registration Number, if PAC		
Street Address 251 W. Third Ave.	Employer/Occupation/Labor Organization* N/A		M 0	D 9	Y 3	Amount 50.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Emily J. Gerwig				Registration Number, if PAC		
Street Address 1264 Woodbrook Cr. W.	Employer/Occupation/Labor Organization* Retired		M 0	D 9	Y 2	Amount 150.00
City Columbus	State O	Zip Code 43223	Form(Cash,Check,etc) Check			
Full Name of Contributor Darlene W. Short				Registration Number, if PAC		
Street Address 842 Angus Ct.	Employer/Occupation/Labor Organization* Consultant		M 0	D 9	Y 2	Amount 200.00
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor David T. Weaver				Registration Number, if PAC		
Street Address 340 N. Parkway Rd.	Employer/Occupation/Labor Organization* Consultant		M 0	D 9	Y 2	Amount 100.00
City Delaware	State O	Zip Code 43015	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 595.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Dorrian Committee					
Full Name of Contributor V. Toliver			Registration Number, if PAC		
Street Address 1573 Grandview Ave.	Employer/Occupation/Labor Organization* City of Columbus		M 1	D 0	Y 0
City Columbus	State O	Zip Code H 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Total Employee Contributions from form 31-G			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0
City	State	Zip Code	Form(Cash,Check,etc)		Amount 1,530.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,630.00

Event Date	<u>10/9/05</u>
Page	<u>1</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorian Committee								
To Whom Paid Lower London Street Dixieland Band					M	D	Y	Amount
					1	0	0	600.00
Address 31 East Dodridge		Purpose Band for Fundraiser						
City Columbus	State O	H	Zip Code 43202	Check Number 2182				
To Whom Paid Holiday Inn on The Lane					M	D	Y	Amount
					1	0	0	2,542.29
Address 328 W Lane Ave		Purpose Banquet						
City Columbus	State O	H	Zip Code 43201	Check Number 2183				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>3,142.29</u>
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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee						
Full Name of Contributor Timothy J. Carroll						
Street Address 3297 Scioto Glen Dr.			M 1	D 0	Y 0	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form (Cash, Check, etc) Check			
Full Name of Contributor James E. Baumann						
Street Address 664 Torch Ct.			M 1	D 0	Y 0	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form (Cash, Check, etc) Check			
Full Name of Contributor Paul V. Kuppich						
Street Address 1262 Three Forks Dr. N.			M 1	D 0	Y 0	Amount 50.00
City Westerville	State O H	Zip Code 43081	Form (Cash, Check, etc) Check			
Full Name of Contributor Julie A. Burkart						
Street Address 5972 Rocky Rill Rd.			M 1	D 0	Y 0	Amount 100.00
City Columbus	State O H	Zip Code 43235	Form (Cash, Check, etc) Check			
Full Name of Contributor Eric Smith						
Street Address 4479 Sellers Ave.			M 1	D 0	Y 0	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form (Cash, Check, etc) Check			
Full Name of Contributor Rebecca L. Cox						
Street Address 241 E. Moler St.			M 1	D 0	Y 0	Amount 30.00
City Columbus	State O H	Zip Code 43207	Form (Cash, Check, etc) Check			

The above are employees of a unit or department under the direct supervision or control of

Hugh J. Dorrian, who currently holds the public office

of City Auditor I hereby affirm that each contribution was voluntarily made.

Robert J. McDaniel (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 380.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee					
Full Name of Contributor Thomas R. Noorkah					
Street Address 3138 Rimmer		M 1	D 0	Y 5	Amount 150.00
City Dublin	State O H	Zip Code 43017		Form (Cash, Check, etc) Check	
Full Name of Contributor Barbara A. Cantrell					
Street Address 4110 Demorest Cove Ct.		M 1	D 0	Y 5	Amount 50.00
City Grove City	State O H	Zip Code 43123		Form (Cash, Check, etc) Check	
Full Name of Contributor W. Doug Todd					
Street Address 2343 Hardesty Ct.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Samuele Pompeo Stefanelli					
Street Address 3186 Miriam Dr. N.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43204		Form (Cash, Check, etc) Check	
Full Name of Contributor Kevin M. Robison					
Street Address 6768 Atlin Ct.		M 1	D 0	Y 5	Amount 100.00
City Dublin	State O H	Zip Code 43017		Form (Cash, Check, etc) Check	
Full Name of Contributor Karen A. White					
Street Address 2210 Nottingham Rd.		M 1	D 0	Y 5	Amount 50.00
City Columbus	State O H	Zip Code 43221		Form (Cash, Check, etc) Check	

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Hugh J. Dorrian, who currently holds the public office

of City Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 450.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Dorrian Committee					
Full Name of Contributor Paul R. Colflesh					
Street Address 5129 Mapleridge Dr.		M 1	D 0	Y 4	Amount 100.00
City Columbus	State O H	Zip Code 43232	Form (Cash, Check, etc) Check		
Full Name of Contributor Timothy J. Carroll					
Street Address 3297 Scito Glen Dr.		M 1	D 0	Y 4	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form (Cash, Check, etc) Check		
Full Name of Contributor Brad A. Marburger					
Street Address 170 Green Ave.		M 1	D 0	Y 3	Amount 50.00
City Groveport	State O H	Zip Code 43125	Form (Cash, Check, etc) Check		
Full Name of Contributor Melinda Jeanne Frank					
Street Address 4038 James River Rd.		M 1	D 0	Y 3	Amount 100.00
City New Albany	State O H	Zip Code 43054	Form (Cash, Check, etc) Check		
Full Name of Contributor Michael D. Jones					
Street Address 260 Reeb Ave.		M 1	D 0	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form (Cash, Check, etc) Check		
Full Name of Contributor Richard A. Ellis					
Street Address 6624 Forrester Way		M 0	D 9	Y 2	Amount 50.00
City Reynoldsburg	State O H	Zip Code 43068	Form (Cash, Check, etc) Check		

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of City Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature]
(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 450.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01


Name of Committee in Full Citizens for Dorrian Committee						
Full Name of Contributor Vikki Amicon						
Street Address 1208 Northwest Blvd.			M 0	D 9	Y 2	Amount 200.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check			
Full Name of Contributor Patricia Hinkle						
Street Address 118 N. Main St. P.O. Box 58			M 0	D 9	Y 2	Amount 50.00
City Glenford	State O H	Zip Code 43739	Form (Cash, Check, etc) Check			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			
Full Name of Contributor						
Street Address			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)			

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Hugh J. Dorrian

, who currently holds the public office

of City Auditor I hereby affirm that each contribution was voluntarily made.



(Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Page Total \$ 250.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Dorrian Committee			
Full Name of Contributor Patrick Mooney	Employer, Occupation, Labor Organization * Retired	Registration Number, if PAC	
Street Address 3439 EnJoie Dr	Description of Item or Service Stamps/ Beverages	M D Y 0 8 2 6 0 5	Fair Market Value 85.00
City Columbus	State Zip Code O H 43228	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Helen McDaniel	Employer, Occupation, Labor Organization * Retired	Registration Number, if PAC	
Street Address 419 Derrer Rd	Description of Item or Service Food/ Beverages	M D Y 0 8 2 6 0 5	Fair Market Value 175.00
City Columbus	State Zip Code O H 43204	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Cindy McDaniel	Employer, Occupation, Labor Organization * N/A	Registration Number, if PAC	
Street Address 425 Derrer Rd	Description of Item or Service Food/ Beverages	M D Y 0 8 2 6 0 5	Fair Market Value 125.00
City Columbus	State Zip Code O H 43204	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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